Business or Organization Plan

Business/Organization Name:
Business/ Organization Street Address:
City, State, Country, Postal Code:
Annual Revenue (US dollars) of your organization/business:
Is your organization/business a subsidiary or division of another organization/company?
Which of the following investments have been made to your business or organization to-date (Select all that apply and respond to corresponding questions.) Fundraising
guiding principles.
Problem Statement
What problem does your business/organization seek to address?
Solution
What solution does your business/organization provide for the above problem?
Customers or Beneficiaries
Who are your customers or beneficiaries? (Be as specific as possible.)
Revenue Streams

Goals and Metrics

List three goals you have for your organization/business in the next year, and the key metrics you will use to achieve these goals.

List your sources of revenue/ funding. How is your revenue/ funding stream sustainable?

Unique Value

What added value does your product or service bring to your customers that other products or services do not provide?

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How is your business or organization structured?

Select	your involvement in the launch of your organization/business?
	Founder
	Co-Founder
	Donor
	Other (please specify)
In whi	ch phase of development is your organization/business?
	Pre-startup - Your organization/business is in the idea and planning stage.
	Start-up - You've launched your organization/business with a functioning product/service and have customers/clients.
	Growth - You have established sources of revenue and are working on scaling your organization/business.
What	is your current role in your business or organization? (Select at least one)
	Founder
	Co-Founder
	Chief Executive Officer (CEO)
	President
	Chief Operating Officer (COO)
	Chief Information Officer (CIO)
	Chief Technology Officer (CTO)
	Chief Financial Officer (CFO)
	Executive Director
	Managing Director
	General Manager
	Other (please specify)
Numb	er of Full-time Employees:
Numb	er of Part-time Employees:
Organ	ization/Business Website:
	your Organization/Business Facebook (example: //www.facebook.com/ylainetwork/):
Organ	ization/Business Twitter Handle (example: @YLAINetwork):
Organ	ization/ Business Instagram Handle (example: @YLAINetwork):

Which of the following best describes your industry? Please select at least one and a maximum

of three options.				
	Agriculture			
	Animal Care			
	Artisan products			
	Arts and Culture			
	Attire and Fashion			
	Business Services			
	Community Development			
	Crowdfunding/ Fundraising			
	Data Analysis/IT			
	Education			
	Electronics/Technology			
	Energy			
	Environment/Conservation			
	Film and Media			
	Finance			
	Food and Beverage			
	Government Transparency			
	Health			
	Housing			
	Incubator/Accelerator			
	Legal Services			
	LGBTQI Community			
	Research and Development			
	Sports			
	Tourism			
	Training and Development			
	Transportation			
	Volunteerism			
	Gender and Equality			
	Youth Empowerment			